

**REQUEST FOR ADJUDICATION
COMPLEX LITIGATION DOCKET (CLD)**

JD-CL-77 Rev. 4-13

**STATE OF CONNECTICUT
JUDICIAL BRANCH**

www.jud.ct.gov

For Court Use Only

RADJCLD**INSTRUCTIONS**

1. Fill out a form for each motion or objection (or request) that you want decided.
2. File in the CLD location where the case is assigned.
3. In all cases that require e-filing, Requests For Adjudication shall be e-filed and the filer must select "Request for Adjudication Complex Litigation" when naming the form in e-filing.

The Court will **only** act on or schedule a motion or objection (or request) if a *Request for Adjudication* form is filed. A Request for Adjudication form should be filed **after** the time for filing a response to the motion or objection has passed (unless the matter needs immediate action or the parties agree, in which case it may be filed before the time for filing a response has passed).

Judicial District of Waterbury	Name of case Robin Sherwood et al. v. Stamford Health Systems, Inc., et al.	Docket number CV-14-6025333-S
Title of motion or objection that you want decided Motion for Summary Judgement		Date of motion or objection 10/03/2016
Print the name of the party filing this request Stamford Health Systems, Inc. d/b/a Stamford Hospital		Motion or objection entry number 176

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. May the motion or objection be granted or sustained by agreement or consent?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has opposing counsel or self-represented party already filed a response to the motion or objection?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, provide the date of the response: _____ and entry number: _____ | | |
| If no, indicate the agreed date, if any, when the response will be filed: <u>10/13/2016</u> | | |
| 3. Is oral argument requested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is testimony required?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, how much time will be needed: _____ | | |
| 5. Does the matter need immediate action? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain why it is necessary. A telephonic conference may be requested for matters that need immediate action.
Trial scheduled for January 2017. | | |
| 6. Are there any other motions or pleadings directly related to the Court's consideration of the motion or objection? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, give the title, date and entry number of the motion(s) or pleading(s): | | |

Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) 10/18/16 to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

See attached.

Signed (Individual attorney or self-represented party)

Print or type name of person signing

Simon I. Allentuch

* If necessary, attach additional sheet or sheets with the name and address the copy was mailed or delivered to.

(For Court Use Only)	File date
Response filed by (date): _____ Reply briefs filed by (date): _____	
Argument to be held on (date): _____	
For Office use:	
Complete : _____ Withdrawn on (date) : _____	

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the court clerk of the Judicial District above. www.jud.ct.gov/ADA/

Print Form**Reset Form**

CERTIFICATION

This is to certify that a copy of the foregoing was mailed, postage prepaid, this 18th day of October, 2016 to the following counsel of record:

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/s/ Simon I. Allentuch

Simon I. Allentuch
Neubert, Pepe & Monteith, P.C.